PATENT APP TION FEE DETERMINATION RECUERTED PATENT APP Effective December 8, 2004

Application or Docket Number

10/520436

		CLAIMS	AS FILE	D - PART			SMALL E	NTITY		OTHE	RTHAN
			(Column 1)		(Column 2)		TYPE		OF	OR SMALL ENTITY	
U.S. NATIONAL STAGE FEES							RATE	FEE	7	RATE	FEE
В/	ASIC FEE	SMALL ENT. = \$ 150		LARGE ENT. =	\$ 300	BASIC FEE		OF	BASIC FEE	300	
EXAMINATION FEE				CT Article 33(1)- \$ 50 / \$ 100	All other situation \$ 100 / \$ 20		EXAM. FEE		7	EXAM. FEE	300
SE	ARCH FEE	ALL oth	A = \$50/\$100 er countries = 00/\$400	All other situation \$ 250 / \$ 50		SEARCH FE	E		SEARCH FEE		
FE	E FOR EXTRA		minus 100 =	/ 50 =		X \$ 125 =	=	7	X \$ 250 =		
то	TAL CHARGE	مد	minus 20 =	•		X \$ 25 =		OR	X \$ 50 =		
INC	DEPENDENT C	LAIMS	,3	minus 3 =	•		X \$ 100 =	=	OR	X \$ 200 =	
MU	LTIPLE DEPE	NDENT CLAIM PR	ESENT				+ \$ 180 =		OR	+ \$ 360 =	360
• 1	If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	12.61
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	1/5/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER PRESE		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1. 20	Minus	- 2	0 - 0		X \$ 25-=		OR	X \$ 50 =	N /
	Independent	• 3	Minus		3 - 0		X \$ 100 =		OR	X \$ 200 =	X
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	
•	_	,					TOTAL ADDIT	·L	OR	TOTAL ADDIT.	
		(Column 1)		(Column	n 2) (Column	າ 3)		 .			
2 F		CLAIMS REMAINING AFTER AMENDMENT	····	HIGHE: NUMBE PREVIOU PAID FO	ER PRESEI	м	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus		=	7	X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***	=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	
			[.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE				
• #	the "Highest Nur the "Highest Nur	mn 1 is less than the mber Previously Paid mber Previously Paid	For IN THIS For IN THIS	SPACE is less the SPACE is less the	isn '30', enter "20". Ian '3', enter "3".	. **.	grania				
		nber Previously Paid ber Previously Paid F				lound in the	eppropriate box	c in column 1.			